

Reference G
REFERENCE MANUAL 83
ILLNESS REPORTING

The purpose of this policy is to provide guidelines for the detection and management of outbreaks of communicable illness occurring within National Park Service boundaries. An illness "outbreak" is usually defined by the PHS Centers for Disease Control, as any number of unusual or unexpected human cases of a related illness.

Park managers must recognize their legal responsibilities for conducting illness investigations promptly, and correctly. Prompt evaluation can determine if an outbreak has occurred, and what action must be taken to control the outbreak. Prompt response will increase the likelihood of laboratory confirmation, and will help prevent similar incidents in the future.

When an outbreak of illness is suspected, the park must request assistance from state, county, and city public health departments who are staffed with trained public health professionals who are frequently involved in illness investigations. Depending upon Park jurisdiction, Federal agencies will respond only at the request of local health departments.

This policy does not advocate that park personnel, or NPS public health professionals, conduct in-depth illness investigation.

Water borne diseases include Giardiasis, Cryptosporidiosis, and Hepatitis A. Foodborne diseases include Salmonellosis, Staphylococcus intoxication, Shigellosis, and Hepatitis A. Other environmental illnesses include vector-borne diseases such as plague, relapsing fever, encephalitis, Lyme disease, and Hantavirus, etc. Protocol that can help the NPS public health professionals in the initial investigation of a possible outbreak of illness is found in Section E of this policy.

A. General

- A.1 Park Managers are responsible for carrying out the Illness Reporting Policy. Park Managers must designate, in writing, a person responsible for implementing and coordinating the Illness Reporting Program. When a sanitarian or environmental health specialist is located in a park, that person should be designated. A copy of that written designation should be sent to the Area Public Health Consultant.
- A.2 The Park Manager may take any appropriate procedures to restrict or close, in whole or in part, any establishment, facility, or operation when evidence suggests an outbreak of disease may be occurring, or recurring. These steps may include the closure of the entire park or portion thereof where conditions warrant. This authority may be found in 36 CFR 1.5. Such a decision should be made only after careful consideration of all facts, and in consultation with appropriate health officials.
- A.3 The Park Manager shall ensure that the SSO superintendent, area field director, area

public health consultant, and area public affairs' officer are notified when an outbreak of illness, covered under this guideline, may have occurred.

- A.4 The Park Managers and/or the collateral public affair's officer shall decide when or if a news media release is appropriate.
- A.5 The designated person must maintain direct communication with the personnel officer, division chiefs, state, county and local health departments, local medical facilities, area PHS consultants, and where appropriate park concession specialists, or those handling concession activities and concessionaires.
- A.6 The designated person, and where appropriate, dispatch centers, district rangers, and unit managers should maintain a list of telephone numbers for state, county, and city health departments, and area public health consultants.
- A.7 A communicable disease log, to record all illness complaints received, should be maintained by the designated person. Information from the log may suggest the need for investigating an illness outbreak. Attached, is an example of a disease complaint log, however, each public health consultant, along with the designated person may develop any format style that may better meet their needs.
- A.8 When the designated person is not a public health professional, the designated person must contact an NPS public health consultant for assistance when an illness outbreak is suspected.
- A.9 The park concession's office must be notified when an illness investigation is conducted in a concessionaire's establishment.
- A.10 The park concession office must notify the area concession's office of all illness investigations involving park concessioners.
- A.11 Any time an outbreak of illness is suspected, the park must request assistance from state, county, and city health departments who are staffed with trained public health professionals and are frequently involved in illness investigations. Depending upon Park jurisdiction, Federal agencies will respond only at the request of local health departments.
- A.12 During an illness investigation, all appropriate NPS staff must participate with the investigating team.

B. Procedures for Investigating Foodborne Diseases

- B.1 When possible, all ill and well persons who were associated with the suspected food should be interviewed according to "Procedures To Investigate Foodborne Illness", Recommended by the International Association of Milk, Food and Environmental Sanitarians, Inc. (IAMFES), Fourth Ed., 1987.

- B.2 Persons who complain of illness should be referred to a health care provider for evaluation, and possible laboratory confirmation.
- B.3 Whenever possible, suspected food samples (from the kitchen and dumpsters) should be gathered and stored at 40°F. or below. The public health professional will decide which foods should be submitted to a laboratory for confirmation of diagnosis. Food samples must be collected, transported, and shipped according to approved methods.
- B.4 The attending physician and local health departments should be consulted to confirm the diagnosis.
- B.5 A food service survey of the suspected food service facility must be done by a public health professional.
- B.6 Suspected foods must be removed from service, pending laboratory results.

C. Procedures for Investigating Waterborne Diseases

- C.1 When possible, all ill and well persons associated with the suspected water must be interviewed after the incident is reported in accordance with, "Procedures to Investigate Waterborne Illness", Recommended by the International Association of Milk, Food and Environmental Sanitarians, Inc. (IAMFES), Second Ed., 1995.
- C.2 Persons who complain of illness must be referred to a health care provider for evaluation, and possible laboratory confirmation.
- C.3 Bacteriological test reports, for the system(s) in question should be reviewed to learn recent water quality.
- C.4 Chlorine levels of the water system should be investigated. When an outbreak is suspected, the free chlorine residual must be increased to 1.0 ppm. This will have little or no effect on spore forming organisms. The level of chlorine can be returned to 0.2 ppm should it be learned that the system is not responsible for the outbreak.
- C.5 When water is suspected, users should boil the water from the suspected system, or use-bottled water, until advised by a public health professional that the water is safe for consumption.
- C.6 A sanitary survey of the system should be completed. The survey should include a check for cross-connections between the potable system and other water of questionable quality.
- C.7 The maintenance division should be consulted to learn if water line repair work, water line breaks, or any other possible source of contamination have occurred within a week of the suspected illness.

C.8 Deliberate contamination **cannot** be ruled out. During an investigation, special attention should be paid to pump houses and potable water storage tanks.

Note: There are few waterborne disease outbreaks anymore except Cryptosporidiosis.

D. Reports

The public health consultant must keep the Park Manager informed of the status of the investigation always. A written summary of the investigation should be submitted to the Park Manager, by the public health consultant, within thirty days. The report should include pertinent information such as the number of ill persons, symptoms, diagnosis (confirmed or suspect), duration of outbreak, action taken, conclusions, and recommendations to prevent similar outbreaks from occurring.

E. Investigative Protocols

Information and protocol for investigating foodborne and waterborne diseases are found in the following publications that should be available to the public health consultant:

1. "Procedures to Investigate Foodborne Illness," Recommended by the International Association of Milk, Food and Environmental Sanitarians, Inc. (IAMFES), Fourth Ed., 1987.
2. "Procedures to Investigate Waterborne Illness," Recommended by the International Association of Milk, Food and Environmental Sanitarians, Inc. (IAMFES), Second Ed., 1995.
3. "Guide for Investigating Foodborne Disease Outbreaks and Analyzing Surveillance Data," U.S. Public Health Service, CDC, 1978.
4. "Control of Communicable Diseases Manual," APHA, 16th., Ed., 1995.
5. "Procedures to Investigate Arthropod-Borne Rodent-Borne Illness" Recommended by the International Association of Milk, Food and Environmental Sanitarians, Inc. (IAMFES), 1983.

Note: The CDC "Epi Info" software program can analyze the data collected during the investigation.

